

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 2857
Examiner: West, J.
Applicant: Steven P. Larkey, et al
Serial No: 09/658,597
Filing Date: September 11, 2000
For: UNIVERSAL SERIAL BUS (USB) GOLDEN PRODUCTION TEST
MODE

I hereby certify that this letter, the response or amendment attached hereto are being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 3, 2004.

By:


Jan M. Dunbar

NOTICE OF APPEAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Applicant of the above-captioned patent application hereby appeals to the Board of Patent Appeals and Interferences from the decision dated January 22, 2004 of the Examiner finally rejecting Claims 1-20.

The payment for the appeal fee is enclosed herewith.

02/10/2004 DTESSEM1 00000007 09658597

01 FC:1401

330.00 OP

If Applicant has not requested a sufficient extension and/or has not paid a sufficient fee for this matter, and/or for the extension necessary to prevent the abandonment of this application, please consider this as a request for an extension for the required time period and/or authorization to charge our Deposit Account No. 50-0541 for any fee which may be due.

Respectfully submitted,

By:


Christopher P. Maiorana

Reg. No. 42,829

CHRISTOPHER P. MAIORANA, P.C.

24025 Greater Mack, Suite 200

St. Clair Shores, MI 48080

(586) 498-0670

Date: February 3, 2004

Attorney Docket No.: 0325.00481

image

Attorney Docket: 0325.00418

ATTORNEY'S FEE \$2800
\$

IN RE APPLICATION OF: Steven P. Larkey, et al.

SERIAL NO: 09/658,597

RESPONSE TRANSMITTAL AND
EXTENSION OF TIME REQUEST
(IF REQUIRED)

TITLE: UNIVERSAL SERIAL BUS (USB) GOLDEN PRODUCTION TEST MODE

FILED: September 11, 2000

EXAMINER: West, J.

ART UNIT: 2857



COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

FEE CALCULATION FOR ENCLOSED AND EXTENSION REQUEST (IF ANY)

	Claims Remaining	Highest No. Previous	Extra Rate	Additional Fee
Total Claims	20 minus	20 =	0 x \$ 18.00	\$ 0.00
Independent Claims	3 minus	3 =	0 x \$ 86.00	\$ 0.00

Multiple Dependent Claim First Added + \$290.00 \$ 0.00

TOTAL IF NOT SMALL ENTITY .. \$0.00

[] SMALL ENTITY STATUS - If applicable, divide by 2 \$0.00

[] Verified statement enclosed, if not previously filed.

[] Applicant also requests a ____ month extension of time
for response to the outstanding Office Action. The fee is \$0.00

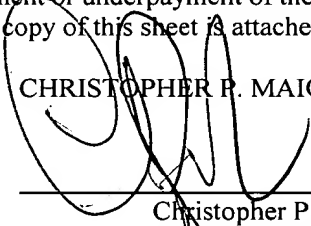
[X] Fee for Notice of Appeal \$330.00

TOTAL FEE \$330.00

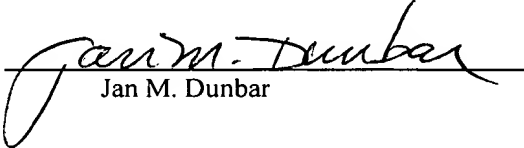
The Commissioner is hereby authorized to charge any overpayment or underpayment of the above fee associated with this Communication to Deposit Account No. 50-0541. A duplicate copy of this sheet is attached.

CHRISTOPHER P. MAIORANA, P.C.

24025 Greater Mack, Suite 200
St. Clair Shores, Michigan 48080
(586) 498-0670

By: 
Christopher P. Maiorana
Registration No.: 42,829

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